	<b>E</b>	edive O	tober 1, 2	003 Ulivo	HONHE	ЮK	נייי ז <b>ט</b>	1	iñ !		201	Prin
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	LEI	VIIIV	<i>خ</i>		ER THAN
TOTAL CLAIM	_					RAT	E	FEE	¬°		T ENTITY	
FOR	NUME	NUMBER FILED		NUMBER EXTRA		BASIC	_	385.0	+	RATE R BASIC FI		
TOTAL CHARGEABLE CLAIMS		22	22 minus 20=		2	1	XS 9=			70	1	<del> </del>
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* If the different	S 1000 # 00				ا ل	+145	•		OF	+290=		
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4	CLAIMS	T	HIGHE	ภ 2) ST	(Column 3	) 7 r	SMAL	_		OR 7	SMALL	ENTITY
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the entry in column 1 is less than the angle.							45=		ic	Я	+290=	1
the entry in column 1 is less than the entry in column 2, write "0" in column 3.  Ithe "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  Ithe "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL T. FEE		c	P A	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEEOR ADDIT, FEE												